1. PLACE OF DEATH	(E)
County Alvery	Registration Dist. No.
	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrsyrsyrsyrs	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME A CALLINY / JUL	1 U. S. Veteran, specify WAR
(a) Residence: No. With My Own (Usual place of above)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR BACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Pear)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I ettended decessed from
DATE OF BIRTH (month, day, and year) July 24, 184	I last saw b. M. alive on J.; death is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, etm.  The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  Date of onest
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	Man a layor gedda 79
10. Date deceased last worked at this occupation (month and year)	Chouse nipantes 1 y
2. BIRTHPLACE (city or town) (State or country)	Other Coatributary Causes of importance:
13. NAME William & Vell.	
13. NAME William J. Self,  14. BIRTHPLACE (city or town) (State or country)	Neme of operation
15. MAIDEN NAME Ellen M. Valoure	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
7. INFORMANT Mis & Glin Tarmers. (Address) & alla Mes.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL PIECE all Sainto Date gase. 7, 1936	Manner of injury
19. UNDERTAKER Q. Q. Hashus + San	24. Was disease or injury in any way related to occupation of deceesed?
20. FILED / 6 , 19 3 7 Q ( M. Jeng) Registry.	(Signed) ANAL FALLIAGE T

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
EEB 2 Tao.					
Other contributory causes of importance:		Other contributory causes of importance:	Table 18		
Gallstones	May 1,1923	Gastroenteritis	1 year		
			(A. 30 E.)		

ADDITIONAL	SPACE F	FOR	FURTHER	<b>STATEMENTS</b>	BY	PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CoxD. Every item of infor-Exact statement of OCCUPA-B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RI CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING

V. S. No. 1

ż

STATE OF	MARYL	AND-CE	RTIFICAT	TE OF	DEATH
----------	-------	--------	----------	-------	-------

County	lung		Registration Dist. No.	51
Village or City	flares		ND.  death occurred in a hospital or institution, give its NAME instead or	
Length of residence in city	or town where death occ	M	ds. How long in U.S. if of foreign birth?yrs.	
2. FULL NAME		Brown	If U. S. Veteran, specify WAR	· · · · · · · · · · · · · · · · · · ·
(a) Residence: Np.	(U	sual place of abode)	St., Ward.  If nonresident give city of	
PERSONAL AND			MEDICAL CERTIFICATE OF D	EATH
3. SEX 4. COLOR		GLE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day	, f93, f93
5e. If married, widowed, or divorc HUSBAND of	ed		22. I HEREBY CERTIFY. Thet	1 - 11 - 1 - 1 - 1 - 1 - 1
(or) WIFE of			22. I HEREBY CERTIFY, Thet	
A DIES OF BERTH (	1/1	5/37	I last saw h alive on	
6. DATE OF BfRTH (month, day, 7. AGE Years		Oays If LESS than	to have occurred on the date stated above, at/_/Am.	,,
-		1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of impowere as follows:	rtance Oate of o
8. Trade, profession, or part kind of work done, as SAWYER, BDOKKEEP	icular SPINNER, ER, etc.		Mary ali	
kind of work done, as SAWYER, BDOKKEEPI  9.Industry or business in work was done, as SI SAW MILL, BANK, etc.  10. Date deceased last work with soccuration (month)	K MILL.			
1D. Date deceased last work this occupation (mont year)	ed at h and	1f. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town)	Mig		Other Contributory Causes of Importance:	
(State or country)	ment 1	Zion		
f 4. BIRTHPLACE (city or tow	n)	1	Neme of operation	Date of
(State of Country)	,,,,,	1	What test confirmed diagnosis? Wa	as there an autopsy?
15. MAIOEN NAME Th	pair	pour	23. If death wes due to external causes (VIDL ENCE) fill in elso t	he following:
16. BIRTHPLACE (city or tow (State or country)	n) Jug		Accident, suicide, or homicide? Date of in	
f7. INFORMANT And (Address)	in Br	oun	(Specify city or town, cou Specify whether injury occurred in INOUSTRY, in HOME, or in	PUBLIC PLACE,
18. BURIAL, CREMATION, OR RE	MOVAL		Manner of injury	
Place Dans	Date	1-1932	Nature of injury	
19. UNDERTAKER 2	east of	rown	24. Was disease or injury In any way related to occupation of de	Vi.
1 11	37 d	M. Kina	(Signed) All WWA	ig.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importances	11-1-1-1	Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
			-,		

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1.	PLACE OF DEATH	Declaries Did No 6/
	Village or City 1111 Fredule	No.  Registration Dist, No.  No.  Ward death occurred in a hospital or institution, give its NAME instead of sweet and number)
	Length of residance in city or town where death occurredyrsmos	
2	FULL NAME My Jun Jun	fall U. S. Veteran, specify WAR
	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. S	4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH  (Month)  (Day)  (Yedr)
5a.	If marriad, widowed, or divorced HUSBAND of	22.   HEREBY CERTIFY, That I attended deceased from
	(or) WIFE of	, 19, to, 19
e 6. E	ATE OF BIRTH (month, day, and year)	I last saw h alive on; daath is said
certificate	GE Years Months Days / If LESS than 1 day,nrs.	to have occurred on the date stated above, at
9 0 0	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Stall born
back	9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	Krimaline 14 mg/
instructions on b	10. Date decaased last workad at this occupation (month and year)	Other Contributory Causes of importance:
ır.	BIRTHPLACE (city or town) Caluet Co. (State or country)	
nst. ER	13. NAME / pmas/ my bull	
See i	14. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
important.	15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or counity)	23. If daath was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
	INFORMANT POS Grapfiell (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
S	BURIAL, CREMATION, OR REMOVAL Place Date //2, 1937	Mannar of injury
NOIL 19.	UNDERTAKER John Cryg	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20.	FILED 1/11, 1937 2.7 . Kong	(Signed) M 10 20 M.D.  (Address) Mus Judith

If more blanks are needed, address Suite Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Other contributory course of importance	7 %	Other contributors course of immediate			
Other contributory causes of importance:	175	Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

Jansiones .	- Carlotte	May 1,1925	Gastroenteritis		1 year
				arter as	
					<u> </u>
	ADDITIONAL	SPACE FOR FURTH	ER STATEMENTS BY PH	YSICIAN	

V. S. No. 1

I. PLACE OF DEATH	
County Callett	Registration Dist. No.
Village or City Cravill of Milletter	No. Advisory St., We feeth occurred in a hospital or positivition, give its NAME instead of street and number)
Length of rasidenca in city) or town whera daath occurredyrs,mos	sds. How long in U.S. if of foraign birth?yrsmos
2. FULL NAME JAREPUL & EULIUS	If U. S. Veteran, specify WAR More
(a) Residence No. Alexandra (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  January 27, 1937  (Monthly (Day) (Year)
If married, widowed, or divorced. HUSBAND of (or) WIFE of	22, HEREBY CERTIFY, That I attended dacaased f
on, man , coppe cure	January 25, 1937, to Jan 27, 193
DATE OF BIRTH (month, day, and year) Muleuseon /	I last saw h Malive on James 5 ,1937; death is
AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
60 - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance ware as follows:
8. Trade, profession, or particular	Hypertension 19.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	- Chelerel Nemarkage Jan 25/9
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	
10. Date daceasad last worked at this occupation (month and year) 11. Total tima (years) spent in this occupation occupation occupation	
Caldest Part.	Other Contributory Causes of importance:
BIRTHPLACE (city or town) (Stata or country)	
13. NAME JASOLAL KARBALL	
1 2 2 1 1	
14. BIRTHPLACE (city or town) State or country)	Name of operation
15. MAIDEN NAME Hannah Cums	What test confirmed diagnosis? Was there an autopsy?
IJ. MAIDEN NAME TUNNOU CHIUS	23. If death was due to external causes (VIOLENCE) fill In also the following:
16, BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State Of County)	Where did Injury occur? (Specify city or town, county and State)
(Address) Legalandress (M)	Specify whether injury occurred in INOÚSTRY, In HOME, or In PÚBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Place Talufent Date 3/137,19	- Nature of Injury
UNDERTAKER Harry Hulchins	24. Was disease or injury in any way related to occupation of decaased?
(Addrass) Cerny	If so, specify
FILED Jan 28 , 19 3 D Story Registrar.	(Signed) (Address) Annable Landense

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis .	3 days ago		
FFB 5 1951					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIA	N
MUDITIONAL	DI AUL	LOIL	T. O. IV TATER	STATEMENTS	DI	FRISIUE	TIN

# STATE OF MADVI AND CEPTIFICATE OF DEATH

PHYSICIANS should state Exact statement of OCCUPA-

Every item of infor-

PERMANENT R stated EXACTLY.

V SI

WITH UNFADING INK-THIS

FOR BINDING

ARGIN RESERVED

CAUSE OF DEATH in plain terms, so that it may be properly classified.

AGE should be

mation should be carefully supplied.

-WRITE PLA

1. PLACE OF DEATH	- (22F)
	Registration Dist. No.  No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)  How long in U.S. if of foraign birth? yrs. mos. ds.  If U.S. Veteran, specify WAR  St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED write the word)	21. DATE OF DEATH CM 2 2 1, 193 (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, end year)  7. AGE Years Months Days If LESS then 1 day,hrs. ormin.	22. I HEREBY CERTIFY. Thet pattented dacaesed from 19
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc  10. Oate decaased lest worked at this occupation (month end year)	Other Contributory Causes of importance:
(Stata or country)  13. NAME  14. BIRTHPLACE (city or town)	Neme of operation Date of
(State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Plece Sland Creek. Date Jan 22, 1937	Whet test confirmed diagnosis? Was thera an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicida, or homicide? Date of injury , 19  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury Nature of injury
19. UNOERTAKER Jely Janff (Addrass)  20. FILEO Jan: 22, 1937 I. M. King Registral.	24. Was disease or injury in any way related to occupation of deceased?  If so, spacify  (Signed)  (Address)  M. M

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 1037	July 5,1927	Peritonitis	3 days ago	
1 3MI V. 3. JI				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	3
County Callery	Registration Dist. No. 3
Village or City Oleaniguelle	NoSt., Ward
(lf	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
Length of residence in city or town where death occurredyrs,nos	
2. FULL NAME	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day) (Vear)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	19 10 19 19
6. DATE OF BIRTH (month, dey, and year) ///2/> 7	I last saw n. alive on
7. AGE Years Months Days If LESS than I day,hrs. orhrs.	to have occurred on the date stated above, at \$2.9 Rm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc.	1/11/2 /our 1/11/2
9. Industry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest worked at this occupation (month and year) occupation	
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State opequntry)	
E OS	Name of operation
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis?
IS. MAIDEN NAME	23. If deeth was dua to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or Quarty)	Accident, suicide, or homicide? Data of Injury19
Stata or Country)	Where did injury occur?
17. INFORMANT CARREST CONTRACTOR	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL Place Part Land Late Fan 13, 1937	Manner of Injury
19. UNDERTAKER Stace Hawking (Address)	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Jan 13, 1937 W. H. Hardy St.	(Signed) M. C. (Address) M. C.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
of importance were as	death and related causes follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	FEB 6 1937	July 5,1927	Peritonitis	3 days ago
	BUREAU V. 8			
Other contributory can	ises of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
-				

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN

If more blanks are neede

of abode)	ff nonresident give city or tow	
CULARS	MEDICAL CERTIFICATE OF DEAT	Н
RtED, WIDOWED, D (write the word)	21. DATE OF DEATH	7
714 7	(Month) (Day)	193
'	(month) (bay)	(1681)
. X/	22. A I HEREBY CERTIFY, That I atta	inded deceased from
may.	20ch, 19 6, to 77 m	76,19.37
1875	1 / / /	3. 7, daath is sald
If LESS than	to have occurred on the data stated above, at 3 4 .m.	
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance	
ormin.	ware as follows:	Date of enset
an en .		
// /	Chronics Myoraid	1-14 7
	- on a right and	My Jy
ma (unare)		
ma (yaars) tin this		
pation	Other Cantributory Causes of Importance:	
	N Ac	
	Deepur klips	-2 m
m 161		
y any		
	Name of operation Date	
131	What test confirmed diagnosis? Was the	re an autopsy?
(,)	23. If death was dua to extarnal causes (VIOLENCE) fill in also the fol	lowing:
	Accident, suicide, or homicida? Date of Injury	, 19
	Where did injury occur?	
74	(Specify city or town, county as Specify whether Injury occurred in INDUSTRY, In HDME, or In PUBL	nd State)
У	Specify whether injury occurred in thousand, in nome, or in robe	TO PEROE.
8 .37	Manner of Injury	
, 19=/-	Nature of Injury	
	24. Was diseasa or injury in any way related to occupation of decease	d?
	If so, spacify	
- /	(Signad)	7 ( M D
Registrar.	(Address) Missi Jud	011/10 11.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I			Example II		
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	Elve	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephri	uis -	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	FEB 5 1931	July 5, 1927	Peritonitis	3 days ago	
	LE LAUTE OF THE PARTY OF THE PA				
Other contributory cau	ses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				1	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 277
Village or City	Registration Dist. No. St., Ward
2. FULL NAME May 2.	sds. How long in U. S. If of foreign birth?yrsmosds.  If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St, Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (2010 the word)	21. DATE OF DEATH (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year)  7. AGE Yeers Months Days II LESS than I day,hrs. ormin.	I last sew beautiful elive on, 1927; death is said to have occurred on the dete stated above, at, m.
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupetion (month end year)  year)  11. Total time (years) spent in this occupation	ante un aditis "1100)
12. BIRTHPLACE (city or town) Constitute (State or country)	Other Contributary Causes of importance:
13. NAME Fames Whitingson	
13. NAME Fames Whitingson  14. BIRTHPLACE (city or town) Calut Communication (State or country)	Name of operation Dete of What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Sagard. Thrances	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Suand Thamas  16. BIRTHPLACE (city or town) Cabrell Co.  (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT Sadie Wilson (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Halls Creek Date Fan 13, 1937	Menner of Injury
19. UNDERTAKER F. Buttohnson (Address)	24. Was diseese or Injury In eny way releted to occupation of deceased?  If so, specify
20. FILED Fan 13, 1957 WHAnderly Registrar.	(Signed) M. D. (Address)

(Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial hephritis EB 6 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	
-----------------	-------	---------	------------	----	-----------	--

1